

**Respond Within 10 Days**  
**Reply Is Required By Law**

Give location of claimant's employment, if different from address below:

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ACTUAL FIRST DAY WORKED

LAST DAY WORKED

☐ Check box if no earnings for periods listed below.

Social Security Account Number	Claimant's Name		
<b>Report gross wages earned, Sunday through Saturday, regardless of your pay period.</b>			
Week Ended Amount Earned    \$	Week Ended Amount Earned    \$	COMMENTS	
Week Ended Amount Earned    \$	Week Ended Amount Earned    \$		
Week Ended Amount Earned    \$	Week Ended Amount Earned    \$		
Week Ended Amount Earned    \$	Week Ended Amount Earned    \$		
Week Ended Amount Earned    \$	Week Ended Amount Earned    \$		
Week Ended Amount Earned    \$	Week Ended Amount Earned    \$		
Week Ended Amount Earned    \$	Rate of Pay: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		

I hereby certify that the above information is true and correct, to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Preparer Name (print or type) \_\_\_\_\_ Date \_\_\_\_\_

PLEASE COMPLETE AND RETURN THIS FORM TO:

**Thank you for your cooperation!**  
**This information helps protect**  
**your U.I. tax dollars!**